

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND. DEP.
1									51
2									52
3									53
4									54
5									55
6									56
7									57
8									58
9									59
10									60
11									61
12									62
13									63
14									64
15									65
16									66
17									67
18									68
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32									82
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35									85
36									86
37									87
38									88
39									89
40									90
41									91
42									92
43									93
44									94
45									95
46									96
47									97
48									98
49									99
50									100
TOTAL IND.									TOTAL IND.
TOTAL DEP.									TOTAL DEP.
TOTAL CLAIMS									TOTAL CLAIMS